

Ergonomic Evaluation Request

206.1 PURPOSE:

To provide the process for an ergonomic evaluation request and the follow-up purchase of equipment.

206.2 RESPONSIBILITIES:

- I. Employee:
 - A. Request for ergonomic evaluation may be made through his/her supervisor.
 - B. Once the employee is evaluated he/she will:
 1. Sign the ergonomic assessment form and discuss recommendations with his/her assigned supervisor.
 2. When instructed, fill out a green request and submit the green request to his/her supervisor. (See Attachment B).
 3. Retain all ergonomic items purchased when reassigned to another location within Probation.
 4. Practice the education provided during the ergonomic assessment.
- II. Supervisor/Manager:
 - A. Complete the Ergonomic Evaluation Request Form, (See Attachment A).
 - B. Forward Request Form via email to the department Risk Control Specialist or Risk Management Liaison and Cc the Probation Safety Officer and the Division Director.
 - C. Sign the ergonomic assessment form.
 - D. Forward the completed green request to the Division Director.
 - E. Once approved by Division Director, the green request will be submitted to Fiscal Services for purchasing.
 - F. The Risk Control Specialist and Department Safety Officer will be notified when modifications are complete for follow up if needed.
- III. Division Director:
 - A. Shall sign off on the green request for items/modifications for purchase. Consult with the Risk Control Specialist for any questions regarding items on the green request.
- IV. Risk Control Specialist:
 - A. Upon request, provide the ergonomic evaluation.
 - B. Email the completed evaluation and summary to the supervisor and employee.
 - C. Provide additional information on ergonomic exercises.

San Bernardino County Probation Department

Procedures Manual

Ergonomic Evaluation Request

V. Risk Management:

- A. When notified to complete an ergonomic assessment by the Probation Department, notify the Risk Control Specialist assigned to the Department.
- B. If the assigned department Risk Control Specialist is not available then assign a qualified representative to provide the ergonomic assessment.

VI. Fiscal:

- A. Process staff green forms (Attachment B) received in accordance with standard operating procedures and notify the Risk Control Specialist and Department Safety officer of the status of the order.

206.3 ATTACHMENTS:

[See attachment: Ergonomic Evaluation Request \(Lexipol 3-24-21\).pdf](#)

[See attachment: Ergonomic Evaluation Request Att B - Staff Green Request Form.pdf](#)

Attachments

Ergonomic Evaluation Request (Lexipol 3-24-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

Ergonomic Evaluation Request

Employee Name:

Unit:

Work site address:

Telephone:

Reason for request:

Prior Ergonomic Evaluation Requests made: YES NO

If yes,

Date: [Click here to enter a date.](#)

Brief description of reason for prior requests:

Does the employee currently have a Worker's Comp Claim: YES NO

Supervisor:

Telephone:

Date of Request: [Click here to enter a date.](#)

For Safety Officer Use

Actual Date of Evaluation by Risk Management or Designee: _____

Modifications Completed: _____

Inspection Date: _____

Ergonomic Evaluation Request Att B - Staff Green Request Form.pdf

Tracking #

Probation Department

ORDER #

STAFF REQUESTS

This form should be used to request services from Facilities Management, Information Services Department (major phone and data installations), furniture, equipment as well as cash or check advances and for trust fund purchases. It should not be used for requests for travel, training, memberships, pagers, etc. Please complete the information requested and obtain appropriate approvals prior to forwarding to Fiscal Services.

NAME (print): _____ UNIT/ASSIGNMENT: _____

PHYSICAL LOCATION Street _____ Floor/Room # _____ GRC Code: _____

City _____ Phone _____

PLEASE COMPLETE THE APPROPRIATE SECTION BELOW ONLY

1. Is this a request for FUNDS? Yes _____ No _____

a. If yes, list amount: \$ _____

b. If yes: Is this a TRUST FUND expenditure? Yes _____ OR PETTY CASH expenditure? Yes _____ (only check one)

Is this a request for Cash _____ OR Check _____ (only check one)

If this is a Trust Fund check request for unit incentives, what month? _____

Make check payable to: _____

c. Is this a request for a check ADVANCE? Yes _____ OR REIMBURSEMENT? Yes _____ (only check one)

2. Is this a request for MERCHANDISE or Service that you would like to purchase? Yes _____ No _____

a. If yes: Is this a request to make a purchase for which the dept. will be billed? Yes _____ No _____

(Please attach three [3] quotes if applicable.) Est. Cost _____

Suggested vendor _____

b. Is this a request for merchandise obtained from another county agency? Yes _____ No _____

(1) Central Stores Yes _____ No _____

(2) Vehicle Services Yes _____ No _____

(3) Printing Services Yes _____ No _____

c. Do you intend to pick up or arrange for the pick up of requested items? Yes _____ No _____

3. Is this a furniture move? _____ Telephone related request? _____ Computer related request? _____ Facilities Mgmt? _____

(Please submit a hand-drawn floor plan denoting the location of the requested telephone or computer request.)

DESCRIPTION OF ITEM/S REQUESTED ABOVE: (Attach specifications if applicable include SIZE & QUANTITY)

JUSTIFICATION ****Please provide justification, or your request may be delayed.**** (Include minor's name(s) if applicable)

REQUESTOR: I understand that I am responsible for turning in appropriate receipts/invoices after making approved expenditures. Failure to do so within 7 working days may result in not being reimbursed, repayment of an advance, or disciplinary action.

Requestor Signature: _____ Date: _____

REQUIRED APPROVALS: _____ Date: _____

Immediate Supervisor Signature (Name Printed)

Date: _____

Acct. Tech Initials (if applicable) PCS II/SPO Signature (Name Printed)

Date: _____

Director Signature (Name Printed)

Date: _____